



# Iowa Department of Human Services

Kim Reynolds  
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Director

## INFORMATIONAL LETTER NO.1810-MC-FFS

**DATE:** July 14, 2017

**TO:** Iowa Medicaid Physicians, Advanced Registered Nurse Practitioners, Podiatrists, Clinics, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Hospitals, Ambulatory Surgical Centers and Home Health Agencies

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Reimbursement of Casting and Splint Supplies

**EFFECTIVE:** August 1, 2017

The Centers for Medicare and Medicaid Services (CMS) provided guidance in 2001 regarding the subject “New Temporary ‘Q’ Codes for Splints and Casts Used for Reduction of Fractures and Dislocations”. This guidance, effective July 1, 2001, was specifically limited to the federal Medicare program and was neither mandatory nor otherwise binding upon Medicaid nor other payors. As such, the Iowa Medicaid program chose to not adopt the then-new temporary “Q” codes related to that guidance. As many providers know, Medicare often uses “temporary” codes for various program tracking and utilization purposes, which are unique to the Medicare program and/or its beneficiaries and providers.

Relative to the Medicare program, this guidance indicated that Healthcare Common Procedure Coding System (HCPCS) codes A4570, A4580, A4590, which were used for billing of splints and casts, would be invalid for Medicare for specified provider types. Temporary codes Q4001-Q4051 were established to reimburse physicians and other practitioners for casting and splint supplies. This guidance explicitly did not affect payment for casting and splinting supplies provided in hospital outpatient departments

While the IME’s decision to not follow this 2001 Medicare guidance was appropriate at the time based on then-current practice, a determination has been made to now make this change. The primary driver for this change is the desire to achieve alignment for coding, billing, and payment for these services, between the FFS Medicaid program and the Managed Care Organizations (MCOs), relative to the fact that the MCOs’ payment systems recognize these “Q” codes as valid, as well as more closely aligning with Medicare coverage, where appropriate for the Medicaid program.

Iowa Medicaid will implement this change, effective August 1, 2017, which will enable the IME and MCOs to make necessary updates to their respective claims payment systems.

This implementation timeframe will also allow impacted providers time to update their billing software programs accordingly.

Consistent with Medicare's original 2001 guidance, this change by the Iowa Medicaid program will only affect physician and other applicable non-institutional providers. Hospitals should continue billing for casts and splints as they have been.

The IME appreciates your continued partnership. If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).